

Rainbow Trail Lutheran Camp
Confirmation Retreat Individual Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Emergency Phone: _____

Parent/Guardian Name: _____

Congregation: _____ Pastor: _____

“I am interested in the policies and programs of Rainbow Trail Lutheran Cam and give my child permission to participate in all activities. I agree the camp will not be held responsible for accidents or persons injured arising there from. I hereby give permission to the medical personnel, selected by the camp director, to order X-rays, routine tests and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to hospitalize or secure proper treatment (including surgery, injection, and/or anesthesia) for my child. I also understand my photo or my child’s photo may be taken for use in camp promotional literature. I waive the right to inspect or approve the photo if used for such purposes.”

Parent/Guardian Signature: _____

Date: _____